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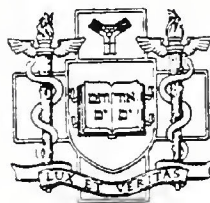
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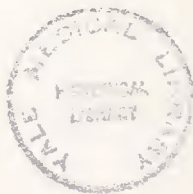
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Dissertation
on
Scarlatina.

By
Edward Goodrich Ufford,
of South Hadley, Massachusetts,
Candidate for the Degree of Doctor in Medicine

Scarlatina. ——— Scarlet Fever

This, according to Medical writers, appears to be a disease of modern times. The first correct diagnosis of the disease was made about the year 1793. Dr. Clark gave a description of it as it prevailed in New-Castle upon Tyne, England, in 1778. It seemed to have reached western Europe from the East, during the last century. The early medical writings seem not to have particularly described it, having confounded it with Small Pox & Measles. It is mentioned as having prevailed in Edinburgh, as early as 1734. It is mentioned as having prevailed in some places in America, as early as 1774; but in 1792, the disease appeared in this country, & for many years afterward, it prevailed extensively over the land. It has been common in New England, for the last fifteen years.

²²
The disease first comes on with paleness, & depression of spirits; Chills; often vomiting, with weak rapid pulse. After a few hours reaction takes place, a fine scarlet rash appears about the epigastrium, & extending over the whole body; the accompanying fever is slight, or none, according to the violence of the case. I shall follow the course laid down by late medical writers, & describe the disease under the four following varieties, VIZ:

1. *Scarlatina Simplex.*
2. *Scarlatina Anginosa.*
3. *Scarlatina Maligna.*
4. *Scarlatina sine Eruptione.*

In *Scarlatina Simplex*, the disease is clearly marked; the rash not severe, & the accompanying fever slight. It declines about the fourth day, leaving the patient nearly well, except bodily weakness.

In *Scarlatina Anginosa* the morbid virus is directed to the fauces, as well as the skin; the accompanying fever more severe.

⁴The tongue assumes a high red color, the papilla are elongated, & protrude through the coat of fur; the muscles of the neck and lower jaw are stiffened; the throat becomes excoriated, whitish sloughs appear on the tonsils, which are swollen; a viscid mucous fills the mouth, & deglutition is painful or performed with difficulty. This is the common course. But in some cases, it runs higher, & is alarmingly dangerous. The eruption appears scurvy, pulse small, indistinct, & irregular; heavy coma, or wild delirium, with deafness; ulcerations of the throat, deep, & broad, covered with dark instead of whitish sloughs;—the tongue is lined with a black, chappy crust & tender to the touch; breath fetid; the rash severe from the commencement, assumes a purplish or mahogany colored hue, with patches of ghastly paleness, & death closes the scene, on the fourth or fifth day, the patient seeming to die, by the skin losing its functions, like one scalded.

In this variety, the rash seems sometimes to run its proper course & terminate favorably, yet, the fauces are the seat of considerable danger; the ulcerations spread over the surface; the powers of life sink; the patient sustains a feeble existence for several days, & dies at last.

In *Scarlatina Maligna*, the symptoms in the commencement, differ but little from the *Maligna* variety. The fever assumes a typhoid form, heat of skin less intense, great disorder of the functions of the sensorium, with small frequent irregular pulse; sometimes a dull redness of the eyes, a dark red flush on the cheeks, restlessness, low muttering, & sometimes violent delirium; the tongue, dry, red, & glazed, teeth & lips covered with sores, & the breath offensive; the throat has a dusky red appearance, not much swelling, but dark incrustations form, which appear to be exudations of lymph, or false membranes, there is often an excoriating discharge from the nostrils, & a viscid secretion

from the fauces, impeding respiration, & producing a rattling noise. In some cases, the inflammation spreads to the posterior pharynx, which it makes so irritable, that on an attempt to swallow, fluids are rejected through the nostrils. The rash is irregular as to appearance and duration, coming out sometimes late in the disease, & disappearing in a few hours: coming out & going off several times in the course of the disease, its color is paler than the other varieties, except near the termination, when it assumes a darker hue. The peculiar poison which occasions scarlet fever, sometimes gives rise to congestions at first, so that life is overpowered at the onset. This is a rare form, but such cases have occurred in practice. I have seen several cases in which convulsions, powerful & lasting, appeared to usher in the disease. In the congestive form, the reaction is imperfect, with a strong tendency to collapse, with its concomitant symptoms. If reaction takes place it is morbid,

& the patient suddenly sinks. In this form of the disease, the stomach will not vomit. In Scarlet fever without eruption, we have all the characteristics of the disease, without the rash. It seems to expand itself on the fauces, & other mucous membranes. It occurs occasionally when the disease prevails epidemically. This has been thought to occur only with adults, but I have seen it in several cases of children. The disease commonly arrives at its height in four days, sometimes later. Persons do have the disease the second time, several cases I have witnessed, two in one family who recovered. Two other cases who died with the second attack. When the disease prevails epidemically sore throats are common among all ages & classes. It acts on the same principle as other like diseases, being I believe both contagious & infectious. Contagious, by its rapid spread in Schools, Factories & other like crowded places. Infectious, by its having been produced by inoculation. The force of the contagion to those exposed operates

from 5 to 25 days, the mean time according to my observation is about fourteen days.

^{re}The only diseases with which scarlet fever may be confounded, are Measles & Rossola.

^{re}From Measles, by the difference in the attack, & the complexion of the eruption; measles being more of the dusky hue, & the premonitory symptoms, a severe catarrh. - From Rossola, by the shortness of its duration, & absence of inflammation in the fauces, the accompanying fever being mild.

If the symptoms are regular, the case is favorable; if irregular, with feebleness of the vital forces, & a tendency to congestions, unfavorable. If the eruption changes its character, or the affection of the throat runs down, forming croup, or bronchitis; the case is also unfavorable. ^{re}The disease has a strong tendency to the brain - kidneys - *prima via* - & all the great cavities, especially the fauces. It always runs a definite course.

From what has been said, it will be seen,
that each variety will require a treatment,
suited to itself. In mild simple cases, there
is not much to be done. We must endeavor to
support the integrity of the constitution.
Give emetics of Ipecacuanha early in the
disease; & follow them by mild laxatives.
Bloodletting is to be used with great caution.
Give mild diaphoretics, as the Compound
powder of Ipecac, or the Acetate of Ammonia.
Sponging the surface with tepid water.
Cold bathing, or affusions, to be used only
in cases of high external heat, when it is
indispensable; care being taken, to have it
managed so as to get a fine state of the
circulation afterwards, by laying the patient
between warm & well aired blankets. When the
skin loses its functions, the vapor bath is often
serviceable. — In the Anginous variety the throat
is to be attended to as well as the skin. In addition
to the treatment before named, use Acid and
astringent gargles. Cayenne pepper is good.

Gargles seem to do good, by clearing the throat of viscid mucus. If the inflammatory symptoms run high, bleeding from the arm may be useful; but I have found local bleeding, by cups & leeches, preferable. Equalize the animal heat, by applying bottles of hot water to the extremities, & rubefacients to the surface of the body. Give laxatives, as a little Calomel & Rhubarb, followed by Castor oil, or the Compound Infusion of Senna; allow a spaw uniriated diet, rest, free ventilated apartments, & free from noise. In the after part of the disease, a more generous diet may be allowed, stimulus may be necessary; but its effects must be carefully watched; for, from a sudden exposure to cold, cramming too early, over exertion, or neglect of the bowels, the patient is apt to have dropsy. In cases where the rash is irregular, I have seen the Chloride of Soda do good. Chloric Ether, and Carbonate of Ammonia, often do good, by stimulating the nervous system, & thereby equalizing the excitement.

In congestions ushered in by collapse, use
stimulants & rubefacients to get up action. apply
a large blister, or sinapism, over the epigastrium.
After reaction is established, give an Emetic, to be
followed up by a purge of Calomel. The utility
of purgatives in these cases is sufficiently
proved by high authority. I have seen them
aspirae to do much good. Should reaction
be violent, prefer to take blood by cups and
leeches, rather than by general bloodletting.
Give Opium, Calomel, & Ipecac, every hour or two,
& aim at their alterative effects. Excreted glands
are to be treated by fomentations & Anodyne pou-
tices, & if painful, by the use of Opium internally.
In ulcerations of the fauces, detergent gargles are
useful, such as the Infusion of Cinchona with
Muriatic acid — Compound Infusion of Capsicum —
Sulphate of Quinine — Nitrous Spirits of Ether —
Burnt Alum used largely, covering the whole
fauces with the powder. — Solution of Nitrate
of Silver — Santalum Muriatic acid, &c. Should
there be much viscid phlegm in the throat.

with difficult expectoration, an Emetic is the best gargle, & by its operation clearing the fauces. I have seen patients who were almost suffocated in the latter stages of the disease, rescued as it were from the grave, by this use. The regimen should harmonise with the remedies. Free ventilation, duly regulated; careful attendance on the part of the Physician, close watching, and much care, are necessary to conduct this patient, to a successful termination of the case. In the sequel of this disease, often occur, Enlarged glands—Thoracic & Abdominal derangements—Dry harsh skin— Dropsical effusions in the cavities—Anasarca—Albuminous & scanty urine—Ulcerations of the internal ear, &c. Many in these last stages die suddenly. The treatment in these cases should be, moderate purging—Stimulating diuretics—Rouse up the action of the skin—Give preparations of Iron or Quinine with a good generous diet.—Belladonna as a preventive was introduced by Hahnemann of Leipzig.

Other European authorities have attested to its value. By giving it in small doses it produces dryness & heat of throat, with a scarlet eruption, if continued. Camphor bags have been worn by children with the same wires. Whether any preventives do any good, I am unable to determine. ^{my} Keep the child affected from the rest of the family;—Cleanliness, with pro ventilation, are all proper preventives. But as I have met the disease, it appears to be more epidemic than contagious, & governed more by the laws of epidemics, than by any other phenomena.



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